

Progress Report on Health Agency Actions

July 1, 2015 – June 30, 2016

Los Angeles County Department of Public Health
Office of Planning, Evaluation, and Development
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Introduction

The Community Health Improvement Plan for Los Angeles County 2015 – 2020 (CHIP) is a five-year strategic plan for the Department of Public Health, its Health Agency sister Departments of Health Services and Mental Health, and community stakeholders to collectively improve the health of all community members. At the end of the CHIP's five years, DPH will evaluate how well LA County reached the 2020 population health targets included in the CHIP.

Purpose of this Report

This report details progress and accomplishments made by the Health Agency's three departments, the Departments of Public Health (DPH), Health Services (DHS), and Mental Health (DMH), coordinating CHIP strategies in the first implementation year. It does not capture all of the public health work being done by the Health Agency, nor the myriad efforts to improve health throughout Los Angeles County that are led by organizations outside of the Health Agency. Due to the size of LA County – and the enormous number of initiatives – DPH is not able to document all of the very important work underway in the County. Instead, DPH has elected to provide [links to coalitions](#) in LA County that are working toward the CHIP goals, via the CHIP's website ([Think Health LA](#)). For more information about this website, please see Section 1 of this report. Further, in order to keep this report brief, it highlights the key activities implemented by the Health Agency programs that are coordinating CHIP strategies and does not include the significant contributions made by many Health Agency programs and community organizations that are key partners on these CHIP strategies.

This report captures implementation activities that cover four key areas:

Section 1: Aligning the CHIP with other major initiatives in LA County and building new partnerships

Section 2: Development of an external advisory group: Community Prevention and Population Health Task Force

Section 3: Building internal capacity to coordinate CHIP strategies

Section 4: Updates on CHIP strategies coordinated by the Health Agency

SECTION 1: Aligning the CHIP with Other Major Initiatives in LA County and Building New Partnerships

As part of year one CHIP implementation, DPH sought out other major LA County community health improvement initiatives being planned or under way, worked with planners of those initiatives to identify areas where their plans overlapped with CHIP goals, and met with them to explore combining efforts where feasible and appropriate. In addition, DPH sought to identify collaboration and partnership opportunities for DPH and outside agencies, and to promote collaboration and partnerships between outside agencies working in similar health and intervention areas. These efforts are described below.

Healthy Kids Zone: Aligning the CHIP with the City of LA's Health Element

A geographic buffer surrounding a school (e.g., ½ mile radius) where specific improvements, including public policies, social services and programs for youth and families, and other investments are prioritized by community stakeholders to positively impact students' and community members' health. Implementation of these improvements involves collaborative efforts by multiple agencies, including but not limited to local government, nonprofit organizations, school districts and local civic organizations. Healthy Kids Zone policies, services and programs take place both on the school campus as well as in the adjacent community designated as part of the Healthy Kids Zone.

The Healthy Kids Zone project grew out of commonalities between the CHIP and the City of Los Angeles's Health Element within their General Plan. City of LA planners identified areas of overlap in goals and strategies between their Health Element and the CHIP. For example, both plans include goals to reduce violence/increase neighborhood safety, reduce traffic-related morbidity and mortality, reduce exposure to air pollution, and increase high school graduate rates. The Health Element offers the Healthy Kids Zone as an intervention model to achieve goals that overlap with the CHIP; the model places schools as centers of health and well-being for students, families, and communities, and as place-based hubs for health improvement interventions, such as CHIP strategies. The Healthy Kids Zone concept was first introduced by a community collaborative convened by Community Health Councils (CHC), a local health policy and advocacy organization.

DPH and the City of LA co-convened key partners for one year to design a partnership to develop a pilot project to launch one Healthy Kids Zone. A work group consisting of representatives from the Los Angeles Unified School District, The LA Trust for Children's Health, First 5 LA, CHC, DPH, and the City of LA met approximately every two months between the fall of 2015 and July 2016 to plan a possible pilot project to launch a Healthy Kids Zone. The group developed the working definition of a Healthy Kids Zone (above), along with a vision, mission, guiding principles, a set of site selection criteria, a menu of possible improvements, and an outline of the role of a backbone agency that would lead the Healthy Kids Zone collaborative project. Using a crosswalk of First 5 LA's Best Start Communities, LAUSD Wellness Center Campuses, and the City of LA's Vision Zero priority schools (top 50 LA school areas in need of street improvements to reduce traffic collisions), the group identified two potential pilot sites, of which one, Fremont High School, was prioritized based on the school's and local stakeholders' interest. As the second CHIP implementation year began, CHC took over the role as backbone agency, and DPH remains involved as a member of the Health Kids Zone steering committee.

Community Benefit: Aligning DPH's and Non-Profit Hospitals' Health Assessment and Health Improvement Planning

The mission of the Los Angeles County Community Health Assessment and Action Partnership (LA Partnership) is to maximize the collective impact of community benefit activities in LA County by promoting best practices and alignment in Community Health Needs Assessments, and prevention-oriented implementation strategies among hospitals and community partners. -LA Partnership draft framework

Similar to DPH's Community Health Assessment, a comprehensive report that describes the health status and health behaviors of people in Los Angeles County, and the CHIP, non-profit hospitals are required by California's community benefit law, and the Affordable Care Act, to develop their own Community Health Needs Assessment (CHNA) and Implementation Strategy. The CHNA informs the Implementation Strategy, a health improvement plan that focuses on community-based interventions to address the health needs identified by the CHNA. Because these assessment and planning processes so clearly align, they present a unique opportunity for collaboration between DPH and non-profit hospitals throughout LA County to achieve common goals. As such, DPH participates in the LA Partnership of hospitals convened by the California Community Foundation, with DPH representatives serving on its steering committee. The LA Partnership's objectives are to share CHNA techniques, health need priorities, and implementation strategies among members, and to align them with one another and the CHIP. The intent is to work jointly on population health improvement efforts to reduce health inequities with a focus on prevention and evidence-based policy, system, and environmental change strategies.

More than a dozen non-profit hospitals and hospital systems have been participating, along with staff from the Hospital Association of Southern California, DPH, and other local public health departments, since the workgroup was formed in 2015. A major achievement in the first year of implementing the CHIP was the development of a shared measurement system, with a core set of population health indicators that any LA County nonprofit hospital can voluntarily adopt, to assess progress and measure collective impact.



Other Alignments

In order to build relationships with grant-making institutions in Los Angeles County and foster alignment between philanthropic initiatives and CHIP goals, DPH presented to a group of 50 funders at a meeting of Southern California Grantmakers, a trade association for local foundations. The Interim Director of DPH introduced the CHIP, emphasizing that policies and systems changes in non-health sectors, i.e., housing, transportation, and education, can significantly impact health. Thus, the Interim Director made the case that cross-sector partnerships with cities, school districts and community-based organizations working on these “social determinants of health” are essential to building healthy communities throughout LA County.

DPH met with First 5 LA to examine the potential for collaboration in light of First 5 LA’s new strategic plan and the CHIP. As a result of this meeting, the two organizations agreed to explore Healthy Kids Zones, along with other partners (included in this report). As First 5 LA further rolls out their strategic plan and DPH continues to implement the CHIP, the two organizations will continue to explore opportunities to work together that meet both plans’ goals.

Think Health LA Website



To provide both a centralized location to easily search for LA County health data and a space to share information about the CHIP, DPH developed specific CHIP pages on the Think Health LA.org website. The website contains a dedicated “CHIP Partnerships/Coalitions” page that lists coalitions and multi-stakeholder partnerships working on CHIP goals. In addition, this list of coalitions and partnerships features live links to their websites allowing users to contact the partnerships so that they can work jointly to achieve the goals, objectives and strategies in the CHIP or find more information about coalition activities. This webpage lists partnerships/coalitions that are working on CHIP strategies in LA County. It is updated regularly as new partnerships/coalitions are formed and identified.

SECTION 2: CHIP External Advisory Group: Community Prevention and Population Health Task Force

The Los Angeles County Community Prevention and Population Health Task Force (“Task Force”) serves as an external advisory group to provide leadership and strategic direction for community health planning in LA County, including the Community Health Assessment and the CHIP. The Task Force was launched in 2016 through an amendment to a Board Motion that brought the Departments of Health Services, Public Health and Mental Health under the umbrella of one Health Agency. As the County’s primary advisory board on population health and health equity, the Task Force was formed to make priority recommendations to the Board of Supervisors to improve health, equity, and community well-being. Each of the five County Supervisors appointed three members to the Task Force to ensure geographic representation, and the remaining ten were recommended by a nominating committee, totaling 25 members. Members represent non-profit organizations, healthcare institutions, academia and subject matter expertise from a range of topics.

One of DPH’s goals for the CHIP’s second year is to convene a new cross-sector partnership to accelerate forward movement on a high-priority CHIP strategy. To prepare for this CHIP workgroup, the Task Force prioritized CHIP strategies to assist DPH in selecting a topic. Task Force members reviewed the CHIP, discussed County-wide priority public health issues, and identified the following potential topics for a DPH workgroup: access to health care, affordable housing, chronic disease prevention, protection of public health near neighborhood oil and gas drilling sites, and violence prevention.



SECTION 3: Building Internal Capacity to Coordinate CHIP Strategies

Leading Effective Collaboration Training

Achieving CHIP goals requires cross-sector, collaborative and coordinated work among a wide variety of stakeholders. Therefore, an important implementation goal for DPH is to build the capacity of DPH staff to lead effective collaborations on CHIP strategies. To gain a better understanding of staff training needs in this area, DPH held an employee focus group to gather input, and used

the findings to inform the development of a 12-month training course. Consisting of approximately nine 8-hour sessions, the Leading Effective Collaboration Training delivered skills and knowledge needed to build effective partnerships to improve public health, such as meeting facilitation skills for multi-stakeholder groups, different types of collaborative structures, and issues related to governance. In addition to attending training sessions, participants received customized technical assistance from a collaboration consultant on the specific needs and challenges of their collaborative project. The training launched in April 2016 with 18 teams comprised of 78 DPH staff who are currently leading a cross-sector collaboration or planning to launch a new collaboration. Pre- and post-training survey results show that before the training series, 25% of participating DPH staff felt confident leading a collaborative project, compared to 84% at completion of the training. Similarly, before the training, 42% felt confident facilitating collaborative meetings, with the percentage rising to 91% by the end of the training.

“This training course has taught me to approach collaborations in a more mindful manner and provided me with a new set of tools for success. Without this training, I don’t know that I would have even been aware of this gap in knowledge. I have been able to share resources with colleagues nationwide to help facilitate their collaborative work.”

-LEADING EFFECTIVE COLLABORATION TRAINING PARTICIPANT

“The facilitation training turned our collaborative around 180°! It was amazing how a few ‘mundane’ skills had so much power to move the collaboration forward!”

-LEADING EFFECTIVE COLLABORATION TRAINING PARTICIPANT

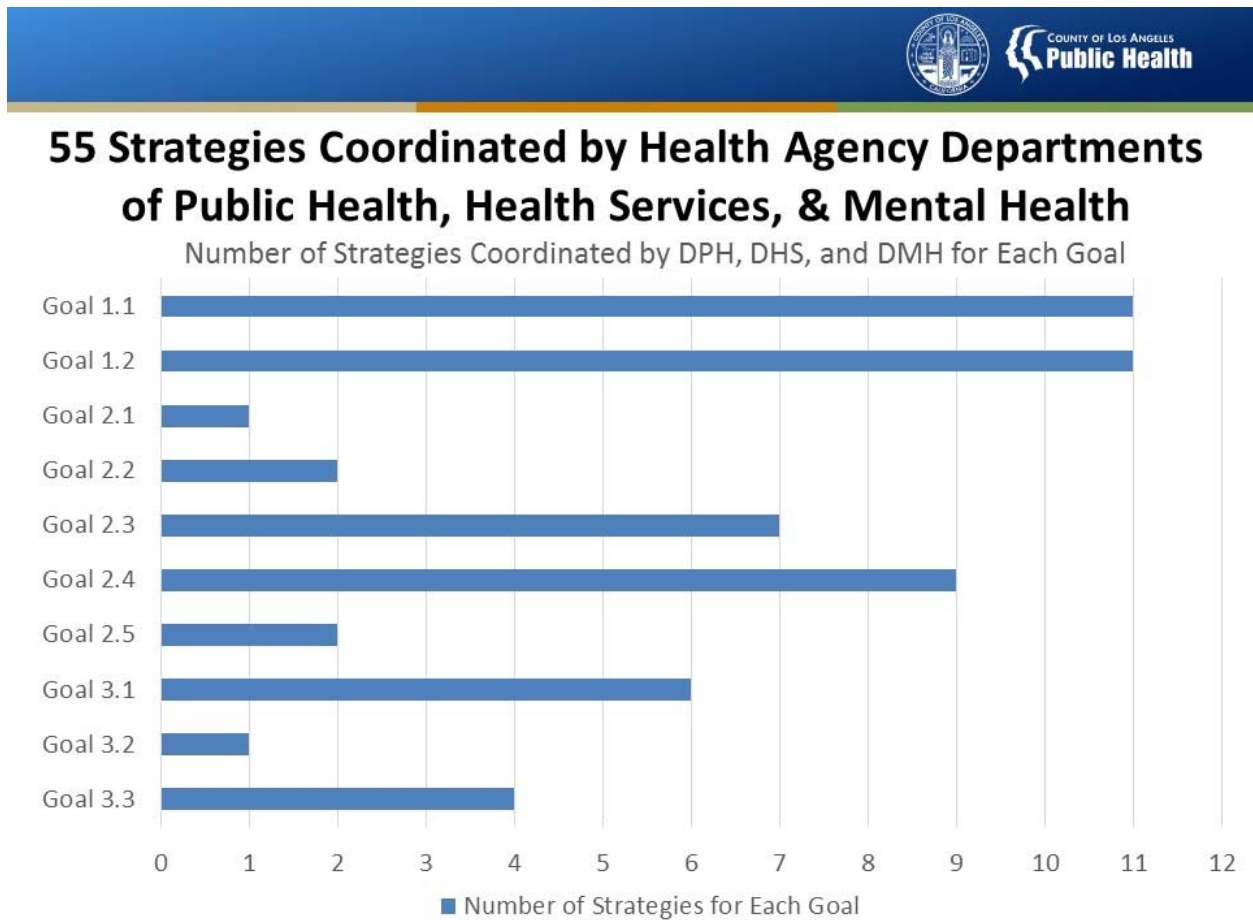
CHIP Internal Advisory Committee

To leverage and apply the vast subject matter expertise of program staff in CHIP implementation, DPH formed an Internal Advisory Committee (IAC) in September 2015. The CHIP IAC is comprised of DPH, DMH and DHS staff whose work intersects with the CHIP objectives and strategies. The IAC’s role is to provide guidance on CHIP implementation and identify key community partners to work with on CHIP objectives and strategies over the five implementation years, 2015 - 2020. In addition, the IAC serves as a learning community among DPH programs and Health Agency partners that are coordinating CHIP strategies to foster an honest exchange of information on successes and areas in need of improvement, identify areas for collaboration among Health Agency partners, and report on progress made on CHIP strategies. CHIP IAC members were instrumental in preparing Section 4 of this report.

SECTION 4: Updates on CHIP Strategies Coordinated by the Health Agency

The Department of Public Health, along with its sister departments within the Los Angeles County Health Agency, the Departments of Health Services (DHS) and Mental Health (DMH), is coordinating the implementation of 55 CHIP strategies. All 55 strategies got under way during this first CHIP implementation year.

The chart below shows how many strategies for each goal were coordinated by DPH, DHS or DMH.



The following sections list the strategies coordinated by DPH, DHS and DMH and the progress made for each of the ten CHIP goals, by priority area.¹

¹ Note: Please see “Purpose of This Report” section of the Introduction on page 3 for what this report does and does not cover.

Priority 1: Increase Prevention to Improve Health

Goal 1.1: Prevent and Manage Chronic Disease

Progress made toward CHIP Strategies:

Increase linkages between health care services and community-level prevention services

Strategy 1. Create linkages between health systems and community resources so medical providers can refer patients to evidence-based health promotion programs that teach self-management and empowerment techniques for chronic disease management and prevention.

- ✓ *DPH-Office of Women's Health*/Los Angeles Alliance for Community Health and Aging sustained its multi-sectored membership of 90 agencies to foster referral networks and existing community partnerships.

Strategy 2. Foster collaboration among non-profit hospital "community benefit" programs, foundations, and local health departments to increase financial investments to address the upstream determinants of health, such as access to healthy food at local grocery stores, quality educational systems that support youth to pursue higher education, and violence-free neighborhoods.

- ✓ *DPH-Community Health Services Program Service Planning Area (SPA) 7/8* identified a geographical area to target, met with community stakeholders, and identified existing partnerships to begin work with Community Benefits Departments from non-profit hospitals to foster collaboration on community health improvement.

Increase access to healthy food

Strategy 3. Encourage local governments to provide healthy food options in concessions and vending machines, and to adopt healthy food procurement policies at government-run venues such as parks.

- ✓ *DPH-Choose Health LA Kids* coordinated a healthy parks initiative to create healthy vending options, increase community safety, increase opportunities for physical activity, and eliminate smoking in the City of Lynwood's parks.

Strategy 4. Encourage local governments to support increased enrollment into available food programs, most importantly CalFresh and WIC; Promote use of CalFresh and WIC benefits at farmer's markets for purchasing fresh fruits and vegetables.

- ✓ *DPH-Nutrition and Physical Activity Program* developed a flyer that promotes using CalFresh and WIC simultaneously, which was distributed to nearly 2,700 community members and 24 program staff.
- ✓ *DPH-Choose Health LA Kids* worked with 20 community partners to incorporate promotion of community assistance programs, including both CalFresh and WIC, into



their organizational activities. To date over 40,000 materials have been distributed and partner agencies have increased enrollment assistance.

Strategy 5. Support the adoption of policies and practices in schools that encourage successful implementation of healthy school meals, ensure drinking water is accessible, and allow time for physical activity.

- ✓ *DPH-Nutrition and Physical Activity Program* engaged high school students in coordinating efforts to increase healthy options in school meals, conduct cafeteria makeovers to encourage healthy eating, implement innovative water stations on high school campuses, and increase opportunities for daily physical activity by implementing Instant Recess and after school physical activity programs.
- ✓ *DPH-Community Health Services Program SPA 3/4* managed the Nutrition and Physical Activity Initiative (NPAI) to collaborate with community-based and non-profit organizations, schools, parks and recreation centers to promote healthy nutrition, education, and increases in physical activity. The NPAI and partners provided technical assistance to nine school districts in SPA 3 to create or revise school wellness policies and implement their wellness programs.

Strategy 6. Support the adoption of policies and practices that limit children’s exposure to unhealthy food and beverage marketing within childcare, school, and community settings, including retailers and convenience stores.

- ✓ *DPH-Choose Health LA Kids* worked towards the passage of five organizational policies in preschools and childcare agencies, and two city level ordinances that limit children’s exposure to unhealthy food and beverage marketing, and built 20 funded agencies’ capacity to promote policy, systems, and environmental change approaches driven by the community.

Strategy 7. Promote improved nutrition and physical activity policies and practices in licensed preschools, childcare centers and family day care.

- ✓ *DPH-Nutrition and Physical Activity Program* collaborated with early childhood programs across the County to assist with policy development and implementation related to improving nutrition and physical activity, including nutrition education.
- ✓ *DPH-Maternal, Child and Adolescent Health* Choose Health LA Child Care Program trained nearly 2,000 child care providers and further provided on-site technical assistance to over 1,200 of these providers on breastfeeding accommodation and promotion, improving nutrition/beverages, making structured physical activity part of the day, and reducing screen time.



Strategy 8. Support policies that require or encourage hospitals to adopt “Baby Friendly” practices in order to increase the percentage of infants who are breastfed exclusively for the first 6 months of life.

- ✓ *DPH-Community Health Services Program SPA 1/2* held consortium meetings, planned an online webinar for providers, and provided technical assistance to hospitals to support their Baby Friendly designation.
- ✓ *DPH-Community Health Services Program SPA 3/4* coordinated and co-facilitated consortium meetings on various topics including Baby Friendly re-designation and data collection utilizing electronic medical records, and awarded the Greater El Monte Community Hospital a certificate of excellence for Baby Friendly Designation on behalf of DPH and the SPA 3/4 Area Health Office.
- ✓ *DPH-Community Health Services Program SPA 5/6* facilitated meetings and provided technical assistance to hospitals through the Regional Hospitals Breastfeeding Consortium - West for Baby Friendly designation and re-designation.
- ✓ *DPH-Community Health Services Program SPA 7/8* implemented a live webinar to discuss Baby Friendly re-designation, and reviewed and presented new data collection procedures with electronic medical records on Baby Friendly practices.



Increase access to opportunities for physical activities

Strategy 9. Develop “joint-use” agreements that allow community use of school playgrounds after school hours and expanded use of city-owned recreational facilities (e.g., students’ use of city pools); prioritize neighborhoods with high obesity rates.

- ✓ *DPH-Nutrition and Physical Activity, Choose Health LA, and Cardiovascular School Health* worked with the JUMPP (Joint/Shared Use Moving People to Play) Task Force to secure a LA2050 grant, which resulted in opening 7 parks located on school campuses after school hours in park-poor neighborhoods.

Reduce smoking and exposure to second hand smoke

Strategy 10. Encourage policies to create tobacco-free environments in multi-unit housing, outdoor dining patios and parks.

- ✓ *DPH-Tobacco Control and Prevention Program* worked with community based partners and the Housing Authority of the City of LA to develop and implement a smoke-free policy for its 9,000+ units, which was adopted in December 2015.

Strategy 11. Encourage local jurisdictions to implement strong Tobacco Retail License programs and to reduce youth access to tobacco products, including nicotine delivery devices (e.g., electronic cigarettes, cigars, and hookahs).

- ✓ *DPH-Tobacco Control and Prevention Program* worked with 13 cities in LA County providing community education on youth access and engaging residents through community coalitions. Two cities adopted new Tobacco Retail License policies.

Goal 1.1 Challenges: One challenge to preventing and managing chronic disease involves transitioning from traditional health education approaches to more policy, systems and environmental change approaches. The latter requires staff to have a different skill set, including knowledge of how policies and systems and environmental changes are adopted, policy analysis, partnering with local jurisdictions and community organizations to work on policy change. In addition, reaching a large population with health education messages poses challenges in that it requires tailoring the messages to many different subgroups.

Goal 1.2:

Increase Access to Care (medical, clinical preventive services, mental health, dental)

Progress made toward CHIP Strategies:

Increase access to medical care, including clinical preventive services

Strategy 1. Continue targeted outreach, enrollment, and retention efforts to increase access to health care coverage, particularly among communities of color and immigrant populations, where the disparities in both access to care and health care coverage are greatest.

- ✓ *DPH-Office of Women's Health's* hotline staff were trained to ask all clients about their insurance status and link uninsured clients to an agency that could enroll them in Medi-Cal, Covered California, or My Health LA; clients already insured were educated on how to use their insurance effectively including accessing preventive health care benefits; staff also provided this education via outreach at community events.
- ✓ *DPH-Maternal, Child & Adolescent Health's* Children's Health Outreach Initiatives (CHOI) outreached to 106,000 individuals to inform them about health coverage options and offer eligibility screening and application assistance. CHOI contractors enrolled 22,468 individuals in health coverage (85% of applications received). The County's Inter-Department Medi-Cal Outreach and Enrollment Grant collaborative submitted over 21,800 applications and had a confirmed enrollment rate of 63%.
- ✓ *DPH-Community Health Services Program SPA 3/4* worked with YWCA to create a framework for a new Healthy San Gabriel Valley initiative, identify potential partners from multiple sectors and begin planning a convening to launch the initiative to improve access to care and overall wellness for people living in San Gabriel Valley. These efforts targeted populations in this area who may be less likely to access community health services and programs.
- ✓ *DHS-Managed Care Services* filled all of its 145,000 My Health LA funded eligible enrollment slots.

Strategy 2. Reduce barriers to access to care by providing language interpretation, transportation, and other supportive services.

- ✓ *DPH-Maternal, Child & Adolescent Health* and partners worked to ensure the California Department of Health Services and LAC Department of Public Social Services sent out notices in the 13 Medi-Cal threshold languages to over 120,000 immigrant families statewide (over 40,000 within LA County) whose childrens' coverage would change from restricted scope (emergency Medi-Cal) to full-scope benefits as a result of implementation of SB 75.
- ✓ *DPH-Community Health Services Program SPA 5/6* partnered with Pathways to Home to open a Homeless Shelter Clinic to reduce TB transmission.

Strategy 3. Develop solutions that address the health care needs of people who do not qualify for low-cost or no-cost health insurance, including but not limited to undocumented individuals.

- ✓ *DPH-Maternal, Child & Adolescent Health's* CHOI Program convened and facilitated monthly workgroup meetings to plan for implementation of SB 75 in LA County, which expands full-scope Medi-Cal eligibility to all income-eligible children, regardless of immigration status.
- ✓ *DHS-Specialty Care Initiative* worked to make the eConsult medical records system available to all three Health Agency departments to ensure that agencies working with the same clients can consult each other regarding their clients' health, mental health, and public health concerns.

Strategy 4. Provide education to people recently enrolled in health insurance on the patient-centered medical home concept and access to clinical preventive services with no additional cost.

- ✓ *DPH-Office of Women's Health* implemented a new hotline database system that allows for uniform processing of clients to ensure that all clients are asked about their insurance status, linked to some sort of coverage, and educated about health care options.
- ✓ *DPH-Maternal, Child, and Adolescent Health* CHOI contractors report an increase in clients reporting having a usual source of care after being assisted by a CHOI contractor to enroll and access health services. CHOI contractors provided over 28,000 referrals and assistance contacts during FY 15-16 to clients who submitted their original health coverage application elsewhere, but needed assistance finishing their enrollment and actually accessing care.
- ✓ *DPH-Community Health Services Program* began implementing co-located primary health care at DPH health centers. Clients are screened for eligibility for subsidized medical insurance programs and are linked to onsite DHS-managed primary health care services and health care coverage enrollment assistance, as appropriate.

Increase access to mental health care

Strategy 5. Train health care providers and other interested community groups to identify mental health needs and refer patients to community-based mental health services.

- ✓ *DMH-Training Division* conducted Mental Health First Aid (MHFA) trainings to 1,781 individuals including providers from health care and other community-based organizations to assist in identifying clients' mental health needs and linking them to care; ran public service announcements and videos on how to access mental health services; received 150,390 calls at ACCESS (Access to Community Care, Effective Services and Support) Center Main Hotline and 3,499 calls at ACCESS Center Appointment Line; and approximately 5,233 individuals participated in suicide prevention trainings.



Strategy 6. Develop models of co-location and integrated services between primary care and mental health providers.

- ✓ *DMH-Children's System of Care* worked with DHS to establish three Pediatric Hubs where primary care and mental health services are co-located to better integrate primary care and mental health providers, and improve services to children referred by DCFS who are in need of screening by health and mental health providers.
- ✓ *DPH-Community Health Services Program* began integration of co-located services to increase access to primary health and mental health care in public health centers. Following an extensive planning and implementation process five DPH health centers are in the process of providing co-located primary health and mental health care in coordination with DHS and DMH.

Strategy 7. Educate schools and youth development organizations about mental health, including suicide prevention.

- ✓ *DMH-Training Division* provided Youth MHFA Training to 234 individuals from several agencies including community based organizations, contract providers, and law enforcement /corrections/rehabilitation staff, community members, and school staff (high school, community college, etc.).

Strategy 8. Strengthen referral networks among physical health, mental health, and substance abuse providers; support the Department of Mental Health's (DMH) Health Neighborhoods initiative to coordinate service delivery among DMH, DPH and the Department of Health Services (DHS), as well as community—based providers.

- ✓ *DMH--Office of Integrated Care* worked to expand referral networks in the nine existing Health Neighborhoods and establish two new Health Neighborhoods, in Hollywood and Mar Vista-Palms, resulting in county-wide Health Neighborhood participation from 157 direct service and community partners.

Strategy 9. Support prevention, screening and treatment of perinatal depression by raising awareness of the needs of women suffering from perinatal mood disorders, training health professionals and other care providers, and advocate for policies on a county and statewide level.

- ✓ *DPH-Maternal, Child, and Adolescent Health* successfully employed questionnaires to identify adolescent, parenting clients with potential mental health problems and refer them to the program's Licensed Clinical Social Worker/mental health therapist.
- ✓ *DMH-Office of Integrated Care* identified wide interest from various age groups within DMH for training on Perinatal Mental Health and began to formulate plans for a training.

Strategy 10. Encourage the practice of regular physical activity to prevent or limit depression and anxiety.

- ✓ *DMH-Directly-Operated Programs* promoted opportunities for regular physical activities in some of their Wellness Centers and Full Service Partnership services, including 10 walking groups, 1 Khmer dance class, 1 yoga class, and 1 softball team.

Increase access to dental care

Strategy 11. Advocate for the expansion of Denti-Cal's provider network including addressing low reimbursement rates and developing incentives for more community clinics to be able to offer dental services.

- ✓ *DPH-Maternal, Child, and Adolescent Health* worked to support the establishment of the Dental Transformation Initiative within the Medi-Cal 2020 Waiver, which represents a key opportunity to improve dental health for Medi-Cal children.
- ✓ *DPH-Oral Health Program* provided support for local community clinics to apply for the Dental Transformation Initiative (DTI) within the Medi-Cal 2020 Waiver. The DTI is expected to increase: 1) preventive services utilization for children; 2) caries risk assessment and disease management; 3) continuity of care.
- ✓ *DPH-Community Health Services Program SPA 1/2* worked as part of a consortium to coordinate and carry out "Give Kids a Smile" events to improve children's oral health; organized a joint event with a non-profit partner organization ("MEND" or Meet Each Need with Dignity) to provide free dental treatment, education and services to 175 children; educated providers and the community to increase oral health awareness; and updated and disseminated a resource directory of free/low-cost dental services.

Goal 1.2 Challenges: Some challenges in improving access to care are related to increases in the number of people insured due to the Affordable Care Act. For example, the number of new persons enrolled in Medi-Cal and Covered California has tested the capacity of the existing health care workforce, resulting in difficulties for some people to access primary care services. Similarly, now that more clients are insured, hotline call topics have shifted from enrolling into health coverage to troubleshooting/case inquiries that require more extensive



assistance. Other challenges are related to barriers that are not being addressed by increased coverage, such as lack of transportation to health care services. Additionally, the need for substance abuse treatment services continues to exceed the number of provider agencies, and more providers are needed. Co-locating DPH-managed and DHS-managed health services is challenged by both the lack of space in existing facilities and aging infrastructure that makes necessary upgrades difficult and costly.

Priority 2: Create Healthy and Safe Communities

Goal 2.1: Prevent and Reduce Violence

Progress made toward CHIP Strategies:

Strategy 1. Coordinate with local police departments, County and community stakeholders to implement a comprehensive place-based violence reduction strategy.

- ✓ *DPH-Injury and Violence Prevention Program (IVPP), Community Health Services Program SPA 5/6 and SPA 7/8* worked in collaboration to coordinate the Trauma Prevention Initiative (TPI). IVPP, the backbone organization, finalized a work plan and logic model, began the staff hiring process, began analyzing data to prioritize initiative communities, drafted an evaluation plan, and began the process to identify and contract with community based organizations to implement strategies. IVPP also used TPI funding to support the expansion of Parks After Dark from 9 to 21 parks, including 4 new parks in South LA communities like Westmont/West Athens. Staff from SPA 7/8, SPA 5/6, PLACE Program, and IVPP collaborated to engage community stakeholders in planning a Westmont/West Athens Unity Summit to bring community members, organizations, and county departments together to kick-off a community driven strategic planning process.
- ✓ *DPH-Policies for Livable and Active Communities and Environments (PLACE) Program* collected input on personal safety barriers to walkability from residents, gang interventionists and law enforcement in Westmont/West Athens and Walnut Park, which will inform infrastructure and programming recommendations for the Pedestrian Plans under development in both communities.

Goal 2.1 Challenges: There are many coalitions and initiatives working in the area of Westmont/West Athens. DPH had to spend more time than anticipated developing relationships with local stakeholders and participating in existing coalitions and community meetings to determine how to best support community-led efforts to build peace.



Goal 2.2: Prevent and Reduce Traffic Collisions

Progress made toward CHIP Strategies:

Strategy 1. Adopt and implement transportation policies and practices at the local level (e.g. bicycle and pedestrian master plans, Safe Routes to School initiatives) that promote safe and convenient access to community destinations for people of all ages, whether walking, driving, bicycling, or taking public transportation.

- ✓ *DPH-PLACE Program* began work on Pedestrian Plans for four unincorporated communities (Westmont West Athens, Walnut Park, West Whittier/Los Nietos, and Lake Los Angeles), including completing a Request for Proposals (RFP), hiring project staff, and establishing advisory committees. PLACE also began work on active transportation plans for two cities (San Fernando and Hawaiian Gardens), including developing a RFP for the Safe Routes to School component of one plan.

Strategy 2. Implement policies and programs that aim to reduce the number of deaths and severe injuries resulting from traffic collisions (e.g. Vision Zero policies that work to eliminate all traffic deaths, traffic calming measures that slow motorist speeds on busy streets, protected bicycle lanes, and adequate signal timing to allow people walking to safely cross intersections).

- ✓ *DPH-PLACE Program* led the City of LA Vision Zero Education Committee, gathered data to understand injuries and deaths for all roadway users, and presented on Vision Zero to various partners and leaders.

Goal 2.2 Challenges: Preventing and reducing traffic deaths and severe injuries requires collaboration across jurisdiction departments, regional agencies, and community partners to identify where fatal and severe crashes are occurring and develop and implement effective engineering, education and enforcement solutions to prevent them. DPH's role of working across sectors to coordinate efforts, align vision, and secure agreement across departments and agencies requires significant staff time and leadership in organizational change processes.



Goal 2.3: Reduce Exposure to Air Pollution

Progress made toward CHIP Strategies:

Reduce toxic emissions

Strategy 1. Identify and target communities highly burdened by air pollution and toxic emissions in order to reduce cumulative pollution burden.

- ✓ *DPH-Environmental Health* utilized data from the State’s CalEnviroScreen and other health indicators to identify two communities that are disproportionately impacted by air pollution and toxic emissions; identification of these two target communities helped focus the work and encouraged the team to formulate and strategize how to engage the regulatory agencies, communities and other stakeholders.

Strategy 2. Promote policies that reduce emissions of pollutants from stationary and mobile sources such as industrial facilities, cars, trucks, trains, and ships, including from the Ports of Long Beach and Los Angeles.

- ✓ *DPH-Environmental Health* collaborated with LA County’s Department of Regional Planning on an ordinance to reduce vehicle idling in the unincorporated areas. Environmental Health launched a Multi-Agency Coordinating workgroup to compile a database of targeted industrial facilities in the Florence-Firestone area and began conducting community outreach.
- ✓ *DPH-Maternal, Child and Adolescent Health* worked with the Asthma Coalition of LA County to submit letters of support for three State bills related to the reduction of air pollution, all of which were signed into law by the Governor.

Strategy 3. Encourage active monitoring and enforcement of air quality standards to protect public health. Bring industrial facilities into compliance with toxic emissions regulations.

- ✓ *DPH-Environmental Health* compiled and reviewed a database of industrial facilities in the Florence-Firestone area to determine compliance with existing regulations, and began connecting with various community based organizations and community leaders to promote the active monitoring and enforcement of air quality standards to protect public health.

Strategy 4. Collaborate across sectors on policies and programs to reduce air pollution.

- ✓ *DPH-Environmental Health* has worked across sectors to learn about best practices and other strategies—such as those employed for the City’s Clean Up Green Up—that might inform the County’s Green Zones Program, under development, for unincorporated areas. Environmental Health partnered with the Departments of Regional Planning, Fire, and Public Works, as an Oil and Gas Strike Team member to assess the health and safety impacts of oil and gas wells in the unincorporated areas of LA County. Environmental Health developed a Multi-Agency Coordinating Workgroup with CA Department of Toxic Substance Control, South Coast Air Quality Management District, and County Fire Department to identify policies that improve community conditions and prevent environmental threats.

Design communities that reduce exposure to air pollution

Strategy 5. Encourage local jurisdictions to design healthy and sustainable communities, including transportation and land use systems that make it easier to walk, bicycle, and use public transportation to meet every day needs. Promote policies that encourage carpooling, using public transportation, telecommuting, and walking and biking.

- ✓ *DPH-Environmental Health* launched an intra-departmental initiative, The Climate & Health Initiative, to encourage active and public transportation, telecommuting, and other policies and practices that reduce greenhouse gas emissions in the unincorporated areas and elsewhere.



Strategy 6. Encourage jurisdictions to consider proximity to major sources of air pollution as part of land use planning, for example to consider siting new housing, schools and other sensitive land uses away from sources of pollution.

- ✓ *DPH-Environmental Health* held collaborative meetings with community partners East Yard Communities for Environmental Justice, Del Amo Action Committee, Communities for a Better Environment, and Liberty Hill Foundation to identify and assess pollution sources in close proximity to communities and the need for buffer zones around pollution sources situated near sensitive land uses.

Strategy 7. Collaborate across sectors to support policies that reduce greenhouse gas emissions and protect the public from the repercussions of climate change.

- ✓ *DPH-Environmental Health* outlined a draft Urban Heat Island Reduction Plan for the County's unincorporated areas with the guidance of the Inter-Departmental County Climate Committee, and launched the Climate & Health Initiative, an intradepartmental workgroup focused on implementing DPH's Five Point Plan to Reduce the Health Impacts of Climate Change.
- ✓ *DPH-PLACE Program* established an Inter-Departmental County Tree Committee with representatives from the Departments of Public Works, Fire, Sheriff, Parks and Recreation, Agricultural Commissioner / Weights & Measures, Regional Planning, Public Health, and others, with the goal to preserve and expand the County's urban forest. The group worked together to apply for funding to plant trees and develop a GIS-based County Tree Inventory.

Goal 2.3 Challenges: Working jointly with coalition partners on local and state policy efforts can be difficult when partners do not have staff with ample time to work on additional policy projects. Therefore, coalition members may be limited in their level of engagement in policy change activities.

Goal 2.4: Reduce Transmission of Infectious Diseases

Progress made toward CHIP Strategies:

Reduce the rate of new gonorrhea & HIV cases

Strategy 1. Promote and encourage HIV/STD education, condom use, abstinence, and HIV/STD testing and treatment for patients and their partner(s).

- ✓ *DPH-Division of HIV and STD Programs (DHSP)* provided 55 HIV/STD related trainings to 711 contract agency staff; reached more than 10,000 middle school students with HIV/STD education; distributed condoms through a “condom mobile,” businesses, community organizations, and high schools; and supported 151,269 HIV tests, 70,294 syphilis tests, 87,892 gonorrhea tests, 87,006 chlamydia tests, and provided field-delivered therapy to youth tested in juvenile halls and their partners.
- ✓ *DPH-Community Health Services Program SPA 3/4* managed the Responsible Sexual Behavior Initiative (RSBI) which collaborates with private and public sector partners to share resources and coordinate efforts to promote responsible sexual health practices. Activities included developing a new partnership with Central Juvenile Hall to make two STD/HIV educational presentations to staff and youth in custody, and five educational presentations to adult re-entry (transitional housing) program participants, foster care and transition-aged youth, and homeless participants at Homeless Health Care LA. The RSBI also enlisted three Pomona bars/nightclubs that serve men who have sex with men to become condom distributors by enrolling in the LA Condom program.

Strategy 2. Promote partner notification of exposure, partner testing and treatment and prevention/risk reduction counseling.

- ✓ *DPH-Division of HIV and STD Programs* increased staffing in DHSP’s Partner Services Unit, created a dedicated syphilis triage unit to improve availability and accuracy of data used by DHSP’s field investigation staff, and is developing policies and procedures to allow better coordination of disease investigation and HIV care.

Strategy 3. Increase linkage to, re-engagement in and retention in HIV care by providing medical care coordination and linkage services to HIV positive persons who are not, or not consistently, in medical care.

- ✓ *DPH-Division of HIV and STD Programs* launched the Linkage and Re-engagement Program to enroll and link out-of-care individuals to HIV care, and funded patient retention specialists to improve HIV providers’ ability to locate out-of-care clients and bring them into care.

Strategy 4. Expand access to Pre-exposure prophylaxis (PrEP) by increasing availability in both public and private clinics by 2020, and providing consumer and provider education. PrEP is medication that people take before they are exposed to HIV to help prevent infection, if they are at risk of exposure.

- ✓ *DPH-Division of HIV and STD Programs* launched a social marketing campaign to raise awareness of PrEP and partnered with *DPH-Community Health Services* to implement PrEP services at five DPH operated STD clinics.

Reduce the rate of new tuberculosis (TB) cases

Strategy 5. Provide education and training to public and private medical providers on best practices in TB case detection, screening/evaluation, diagnostics and treatment.

- ✓ *DPH-Tuberculosis Control Program* coordinated several TB Continuing Medical Education sessions, assisted in coordinating the content for the California TB Controllers Association Conference held in LA County in 2016, and collaborated on a Curry International Center education and training targeting new nurses. TB Control Program also provided new internet and intranet resources and new nurse orientation in case management, patient interviewing, contact investigation, and cohort review sessions. The TB Control Program improved access to Nucleic Acid Amplification tests (NAATs) for DHS hospitals and DPH clinics to facilitate early diagnosis for active TB disease. Additionally the TB Control Program issued guidelines for use of NAATs.

Strategy 6. Improve TB infection treatment completion in high-risk populations (homeless, foreign-born, HIV, diabetes, substance abuse, smokers).

- ✓ *DPH-Tuberculosis Control Program* screened over 9,100 new HIV clients for TB (99% of those with latent tuberculosis infection (LTBI) initiated and completed treatment); expanded short course treatment offered for contacts and homeless with LTBI and at high risk for TB disease; improved coordination of referrals to DPH for chest x-ray and medical evaluation of homeless clients screening positive for LTBI; and improved treatment completion rates for latent TB infection in the homeless population. The TB Control Program also collaborated with many agencies in an outreach to Civil Surgeons in Los Angeles County who provide services for new arrivals to the U.S. or status adjusters to coordinate TB screening, referral for chest x-ray and treatment of latent TB infection if needed.
- ✓ *DPH-Community Health Services Program* initiated and introduced Video Directly Observed Therapy, which allows providers to remotely observe clients taking their medications through video technology to ensure compliance, at several DPH health clinics for eligible clients. This treatment option makes clients' completion of their medication regimen more likely and manageable, and utilizes fewer DPH staffing resources.



Increase the number of kindergarteners who receive all vaccines required for school entry

Strategy 7. Broaden educational efforts for parents about the importance of following the CDC's childhood immunization schedule and the consequences of skipping or delaying recommended vaccine doses.

- ✓ *DPH-Immunization Program* delivered health education to community members and disseminated best practices to providers who serve children.

Strategy 8. Promote provider use of evidence-based strategies for increasing immunization rates, including reporting all vaccines given to both children and adults in the California Immunization Registry.

- ✓ *DPH-Immunization Program* collaborated with community stakeholders and coalition groups to advocate for and to disseminate evidence-based practices among local immunization providers who serve children and adults, through attendance at monthly community stakeholder meetings, participation in immunization coalitions, presentations to professional provider organizations (such as Academy of Pediatrics), and direct consultation to providers.

Strategy 9. Track immunization status of students, encourage adherence to school immunization mandates, and follow-up to ensure that students receive missing vaccine or are excluded from attendance, if needed.

- ✓ *DPH-Immunization Program* responded to requests by LA County school district personnel to provide the necessary technical assistance to ensure compliance with school immunization laws and to collaborate on the management of disease outbreak activities (such as with 2015-2016 disease outbreaks of measles, mumps and pertussis in school age children/college students), as needed.

Goal 2.4 Challenges: A challenge encountered by DHSP's providers of mobile testing has been the successful linkage to medical care of a number of clients with a positive test result. In many instances the testing occurs during night hours and/or weekends, making it difficult for staff to immediately link patients to appropriate care. In addition, increasing numbers of syphilis and gonorrhea cases reported to DHSP have strained existing resources.

Goal 2.5: Prepare for Emerging Infections and Other Threats to Public Health

Progress made toward CHIP Strategies:

Strategy 1. Conduct “whole community” planning to engage all sectors of the community (business, community organizations, educational, healthcare, and government) in developing plans that save lives, meet human needs, restore essential services and community functionality, protect the environment, and transition to recovery.

- ✓ *DPH-Emergency Preparedness and Response Division* used the Whole Community Planning System to complete the Los Angeles County Operational Area Health and Medical readiness, response and recovery plans for Anthrax and Emerging Infectious Disease, and formed a Core Planning Team to begin the planning process for Zika Virus.
- ✓ *DPH-Community Health Services Program SPA 3/4* established Pomona’s Health Promoters in partnership with Visión y Compromiso and other community partners, to train peer educators or “promoters” to engage the community in emergency preparedness planning. The initial promoter cohort included 27 community members that outreached to parks, schools, homes and apartment complexes.

Strategy 2. Conduct hazard-specific exercises with “whole of community” partners to ensure stakeholders know and can perform their roles in an actual emergency.

- ✓ *DPH-Emergency Preparedness and Response Division* conducted a workshop for the Los Angeles County Operational Area Health and Medical planners for the Anthrax readiness, response and recovery plan.

Goal 2.5 Challenges: Planning in a complex jurisdiction like LA County is time-intensive. It requires the department to clearly understand the problem the threat poses and opportunities for intervention, to describe those emergency operations and needed resources, as well as to be able to clearly request what other departments and agencies can do to support DPH. It is also difficult to engage agencies on threats they may view as hypothetical or not urgent when they serve persons in real need each day.



Priority 3: Achieve Equity and Community Stability

Goal 3.1: Increase the Availability of Safe, Quality, Affordable Housing

Progress made toward CHIP Strategies:

Strategy 1. Support plans and policies in Los Angeles County jurisdictions that expand the supply of affordable housing for low-income families and individuals, and protect existing affordable housing that is at risk of conversion to unaffordable market-rate housing.

- ✓ *DPH-The Special Projects Unit* successfully completed the Department's first legislative analysis on a proposed state bill (Assembly Bill 2502) that would increase access to affordable housing.

Strategy 2. Develop data-driven analyses (i.e., Health Impact Assessments) on the potential impact of housing policies on public health and the availability of affordable, safe, quality housing for low-income community members.

- ✓ *DPH-Office of Health Assessment and Epidemiology*, in collaboration with the *Special Projects Unit*, completed the Health Impact Assessment for Measure JJJ, an affordable housing ballot measure, disseminated the report to CHIP stakeholders, and held a webinar to share the results. *Community DPH-Health Services Program SPA 5/6* held a number of planning meetings internally and with external partners towards the production of this Health Impact Assessment.

Strategy 3. Expand efforts to increase access to permanent housing with supportive services for homeless individuals and families to help them maintain stability and self-sufficiency.

- ✓ *DPH-The Special Projects Unit* led the Department's overall engagement in the Chief Executive Office's Homeless Initiative as well as the Health Agency Strategic Priority related to homelessness, and is finalizing protocols to link DPH clients to homeless case managers to increase permanent housing.
- ✓ *DHS-Housing for Health's County+City+Community (C3) Initiative* worked with DPH and DMH to catalogue available acute, interim and permanent housing sites, and to conduct active Skid Row outreach to identify individuals who can be transitioned to housing and benefit from case management support.
- ✓ *DMH-Countywide Housing, Employment, and Education Resource Development* was awarded 663 new Tenant-Based Federal Housing Subsidies by the Housing Authorities of the City and the County of Los Angeles which are used to provide affordable housing to homeless DMH clients. In addition, an investment through the Mental Health Services Act Housing Program permitted four new housing developments with 64 permanent supportive housing units dedicated to DMH clients, increasing the number of affordable units for DMH clients that are homeless and have a mental illness.



Strategy 4. Implement new approaches to inspect multi-family properties to increase access to units for inspection and for educational or community outreach to tenants; to detect code violations; to enforce needed remediation; and to educate landlords on low toxic treatments for vermin control, such as Integrated Pest Management (IPM).

- ✓ *DPH-Environmental Health* developed flyers on Integrated Pest Management to distribute to landlords at compliance reviews and posted information on mold on the Environmental Health website, as well as a guide to residential tenants' and landlords' rights and responsibilities from the Department of Consumer Affairs.

Strategy 5. Develop and implement a plan, in partnership with community organizations, local cities, and other County Departments, to remove or remediate lead paint from homes built before 1978 across Los Angeles County.

- ✓ *DPH-Environmental Health* initiated an action plan for remediating or removing lead paint from homes built before 1978, and began internal conversations regarding applying for a federal Housing and Urban Development Lead Remediation Grant.

Strategy 6. Educate community members on tenants' rights and legal resources to address poor housing conditions.

- ✓ *DPH-Environmental Health* and partners have participated in preliminary discussions to plan implementation of this strategy.

Goal 3.1 Challenges: Challenges to achieving CHIP strategies included selecting one affordable housing policy for which to conduct a Health Impact Assessment, from a long list of potential policies developed by DPH's community partners. Community stakeholders have multiple policy priorities which made choosing only one very difficult.

Goal 3.2: Increase the Number of Youth Who Graduate High School and Pursue Higher Education

Progress made toward CHIP Strategies:

Strategy 1. Support local initiatives to increase high school graduation rates, prioritizing low-performing schools with high rates of students eligible for free and reduce lunch and foster care youth.

- ✓ *DPH-Community Health Services Program SPA 5/6* worked on a landscape analysis to identify the barriers to educational attainment, the resources available, and the best role for DPH to play to positively impact this CHIP goal area.



Goal 3.3: Prevent and Treat Substance Abuse

Progress made towards CHIP Strategies:

Strategy 1: Support prevention efforts to increase community awareness and educate youth and adults about the dangers of sharing prescription drugs with other people, securing their prescription medications, proper procedures for the safe disposal of unused medications, unintentional poisoning and drug overdoses, and about the 24-hour helpline number for the California Poison Control System.

- ✓ *DPH-Substance Abuse Prevention and Control (SAPC)* prevention providers, via the Safe Med LA Coalition's Community Education Action Team, developed community-specific messages targeted to distinct neighborhoods on the risks of prescription drug abuse. SAPC also solicited media services for a campaign on Opioid Misuse Prevention.

Strategy 2: Support efforts to increase the availability and use of extended producer responsibility (EPR) programs also known as medication take-back programs, in order to reduce the availability of unused and expired prescription drugs in the community.

- ✓ *DPH-Substance Abuse Prevention and Control*, in collaboration with Safe Med LA's Safe Drug Disposal Action Team and the California Department of Justice, performed activities aimed at expanding medication take-back programs beyond the 21 Sheriff stations around the County.
- ✓ *DPH-Environmental Health* and County partners, Departments of Public Works, Health Services, Sheriff, Chief Executive Office, and County Counsel developed a draft ordinance that would provide County residents with safe, convenient and sustainable disposal options for their unwanted drugs and sharps waste. The ordinance would require drug and sharps manufacturers to develop, fund and implement a plan for disposal of unwanted drugs and sharps waste, and was presented to the Board of Supervisors on June 14, 2016.

Strategy 3: Enhance access to high quality substance abuse treatment including medication-assisted treatments to decrease the burden of addiction and promote resiliency and recovery.

- ✓ *DPH-Substance Abuse Prevention and Control* dedicated a substantial amount of time and effort toward implementing the Drug Medi-Cal Organized Delivery System (DMC-ODS), which will form the foundation for a revamped specialty substance use disorder system with more robust services and enhanced access to substance abuse disorder treatment services. Among its activities, SAPC facilitated stakeholder meetings and convened workgroups with subject matter experts to develop an implementation plan for DMC-ODS, including the provision of medication-assisted treatment, and negotiated the new service plan and reimbursement rates with the California Department of Healthcare Services.

Strategy 4: Promote the utilization of prescription drug monitoring programs, such as the California Prescription Drug Monitoring Program (PDMP)/Controlled substance Utilization Review and Evaluation System (CURES), to monitor the prescribing and dispensing of controlled prescription drugs to patients, and to help safeguard against overprescribing.

- ✓ *DPH-Substance Abuse Prevention and Control* and the California Department of Justice worked on a grant proposal to use the Controlled Substance Utilization Review and Evaluation System (CURES) database to identify high prescribing hotspots in Los Angeles County where evidence-based face-to-face education and training on safe prescribing practices can be conducted with high prescribers.

Goal 3.3 Challenges: Substance Abuse Prevention and Control is in the process of designing the Drug Medi-Cal Organized Delivery System in Los Angeles County, which when launched will transform the substance use disorder treatment services network into a more comprehensive, integrated and modern healthcare delivery system. Achieving the vision for these new services and complying with the expanded government requirements has required a significant investment of resources.